

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/529957

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		⊕ 1					54						
5		1⊕					55						
6		⊕ 1					56						
7		1⊕					57						
8		⊕ 1					58						
9		1⊕					59						
10	1						60						
11		1					61						
12		12					62						
13		2 1					63						
14		12					64						
15		⊕ 1					65						
16		1⊕					66						
17		⊕ 1					67						
18		1⊕					68						
19		⊕ 1					69						
20		1⊕					70						
21		⊕ 1					71						
22							72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	21						TOTAL CLAIMS						

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